

## **CLAIMS ONLY**

**Application Number**

**Filing Date**

**Applicant(s)**

316107

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11						
12						
13						
14						
15						
16						
17	1					
18						
19						
20						
21						
22						
23						
24	1					
25						
26						
27						
28						
29						
30						
31	1					
32						
33						
34						
35						
36	1					
37						
38		1				
39						
40						
41						
42	1					
43						
44						
45		1				
46						
47	1					
48						
49						
50						
Total Indep	8					
Total Depend	42					
Total Claims	50					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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99						
100						
Total Indep						
Total Depend						
Total Claims						